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Department of Veterans Affairs **VHA DIRECTIVE 2002-039**
Veterans Health Administration
Washington, DC 20420 **July 5, 2002**

PRESCRIBING HEARING AIDS AND EYEGLASSES

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides uniform criteria for prescribing hearing aids and eyeglasses (sensori-neural aids) to veteran patients.

2. BACKGROUND: Public Law 104-262, the Veterans Health Care Eligibility Reform Act of 1996, changed eligibility laws to allow VHA to furnish prosthetic appliances to veterans. However, that law further provided that VHA could not furnish sensori-neural aids (hearing aids and eyeglasses) except in accordance with guidelines that the Department prescribes. Subsequently, the Department published regulations (Title 38 Code of Federal Regulations (CFR) 17.149) in the Federal Register establishing such guidelines. Despite these guidelines, current Veterans Integrated Service Network (VISN) and facility policies on the provision of eyeglasses and hearing aids indicate a wide variation in prescribing practices and lack of standardization, thus compromising equity of access to these devices across the VHA health care system.

3. POLICY: It is VHA policy that hearing aids and eyeglasses must be furnished to all eligible veterans, in accordance with the parameters and criteria defined in this Directive.

4. ACTION

a. **Facility Director.** The facility Director is responsible for

(1) Furnishing needed eyeglasses and hearing aids to the following veterans:

(a) Those with any compensable service-connected disability (Priority 1,2,3);

(b) Those who are former prisoners-of-war (POWs)(Priority 3);

(c) Those in receipt of benefits under Title 38 United States Code (U.S.C.) 1151 (Priority 3);

(d) Those in receipt of an increased pension based on being permanently housebound and in need of regular aid and attendance and (Priority 4); and

(e) Those in Priority 5 and 7 with the following conditions:

1. Those who have visual or hearing impairment resulting from the existence of another medical condition for which the veteran is receiving Department of Veterans Affairs (VA) care, or which resulted from treatment of that medical condition.

2. Those with significant functional or cognitive impairment evidenced by deficiencies in the ability to perform activities of daily living, but not including routinely occurring visual (see subpar. 51 and subpar. 5m) or hearing impairments (see subpar. 5j).

3. Those who are so severely visually- or hearing-impaired that the provision of sensori-neural aids is necessary to permit active participation in their own medical treatment.

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4. Those rated 0 percent for hearing loss, based on the criteria outlined in 38 CFR.17.149(c).

(2) Replacing hearing aids and eyeglasses when the device becomes ineffective, irreparable or lost due to circumstances beyond the control of the beneficiary. Hearing aids and eyeglasses will not be replaced because of availability of newer technology, unless there is evidence that it will significantly benefit the veteran. ***NOTE:*** *Hearing aids and eyeglasses should not be replaced solely for cosmetic purposes.*

(a) For eyeglasses, replacement will be at any time due to required refractive change of prescription to improve one line of acuity.

(b) For hearing aids, replacement will be due to a change in hearing loss combined with the age of the hearing aid. ***NOTE:*** *Generally, hearing aids are expected to have a lifespan of 4 years.*

(3) Issuing spares, if necessary, but only as determined by the audiologist or eye care specialist. Spare hearing aids and eyeglasses will not be routinely issued. ***NOTE:*** *Two pairs of single vision eyeglasses, one for reading and one for distance, will be provided in cases where bifocal lenses are contraindicated.*

b. **Audiologist Specialist.** In prescribing hearing aids, the Audiologist specialist is responsible for using all the following:

(1) Audiometric readings measures of hearing impairment (see subpar. 5a);

(2) Functional impairment measurement tools (see subpar. 5f and subpar. 5g); and

(3) Literature-based clinical practice guidelines (see subpar. 5h).

c. **Eye Care Specialist.** Since visual disorders requiring eyeglasses are so varied and complex that in some cases, a combination of acuity level and clinical guidelines does not address all possible prescribing indications, the Eye Care specialist is responsible for using all the following in prescribing eyeglasses:

(1) Visual acuity;

(2) Literature-based clinical guidelines (see subpar. 5i); and

(3) Guidelines for Furnishing Sensori-neural Aids (see subpar. 5b);

5. REFERENCES

a. Title 38 CFR Section 3.385, Determination of service-connection for impaired hearing.

b. Title 38 CFR Section 17.149.

c. Title 38 U.S.C. Section 1701.(6)(A)(i).

d. VHA Handbook 1173.7.

e. VHA Handbook 1173.12.

f. Ventry I, Weinstein B. (1982). "The Hearing Handicap Inventory (HHIE) for the Elderly: A New Tool." Ear and Hearing 3:128-134.

g. Newman C, Jacobson G, Hug G, Weinstein B, Malinoff R. (1991). "Practical Method for Quantifying Hearing Aid Benefit in Older Adults." Journal of the American Academy of Audiology 2(2):70-75.

h. Joint Audiology Committee on Clinical Practice Algorithms and Statements (2000). Joint Audiology Committee Statement on Hearing Selection and Fitting (Adult). Audiology Today Special Issue, August, 2000: 42-44.

i. American Academy of Ophthalmology, Preferred Practice Patterns: Vision Rehabilitation for Adults; Optometric Clinical Practice Guideline, Care of the Patient with Low Vision, American Optometric Association, June 11, 1997.

j. American National Standards Institute. (1996). Determination of occupational noise exposure and estimation of noise- induced hearing impairment, ANSI S3.44-1996; New York.

k. Acoustical Society of America; International Organization for Standardization. (1990) Acoustics: Determination of occupational noise exposure and estimation of noise- induced hearing impairment, ISO-1999. Geneva: International Organization for Standardization (ISO).

l. American Academy of Ophthalmology, Preferred Practice Patterns: Refractive Errors (1997).

m. Optometric Clinical Practice Guideline, Care of the Patient with Presbyopia, American Optometric Association, March 1998.

6. FOLLOW-UP RESPONSIBILITY: The Chief Consultant Prosthetics and Sensory Aids SHG is responsible for the contents of this directive. Questions may be addressed to 202-273-8515.

7. RESCISSIONS: None. This VHA Directive expires June 30, 2007.

Robert H. Roswell, M.D.
Under Secretary for Health

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